



Behavioral Health Research & Evaluation

Instructions for Consumer Perception Survey Data Collection Fall 2016 Survey Period: November 14 – November 18

1. **Access .pdf Survey Forms:** Survey forms for the Fall 2016 survey period are now available on the DBH intranet site at <http://countyline.sbcounty.gov/dbh/> and the DBH Contract Providers' page on the county internet at <http://www.sbcounty.gov/dbh/ContactProviders/ContractProviders.asp#> under the section of the web page: "CONSUMER PERCEPTION SURVEY – Fall 2016."
There are Four Form Types: Adult (for ages 18-59), Older Adult (for age 60+), Youth Services Survey (for ages 13-17 and transition-age youth who still receive services in child system), and Youth Services Survey for Families (for parents/caregivers of youth under age 18). **Please Note:** San Bernardino County uses the Adult and Older Adult Survey forms without Quality of Life Questions.
Available languages: English, Spanish, and Vietnamese (Contact DBH Research & Evaluation for assistance with forms in other languages: Tagalog, Chinese, Russian, Tagalog, and Hmong).
2. **Print .pdf Survey Forms:** Please **PRINT the forms** directly from the pdf files.
DO NOT PHOTOCOPY forms. Photocopies cannot be scanned into the data system, and will therefore not be used. You may print the surveys double-sided, and you may staple surveys in the upper left-hand corner where the staple line is indicated. Please **DO NOT** use pencil to complete the survey. Please use a black or dark blue pen. Please **DO NOT make any markings** in the box in the lower right-hand corner of the surveys that contains a black and white geometric pattern (example below).
Any markings over this box will cause the survey to be invalid.



3. Prepare Forms Prior to Giving to Consumers/Caregivers:

Required Survey Items:

- **CSI Number:** The CSI County Client Number (CCN) is located at the bottom of each page of the survey. The CCN **must be completed on each page of each survey**. This is the same number that is reported to the DHCS Client and Services Information (CSI) System. This number links the pages together during scanning. Without this number, the data will not get to the database. The field is 9 digits long and must be filled in completely. **Please add leading zeros to the CCN, if the number is less than 9 digits long.** For example, a CCN "1234" should appear as "000001234." This field may be alphanumeric (contain letters and numbers).
- **County Code:** This item is found in the "For Office Use Only" section of the form. The County of San Bernardino 2-digit county code is 36. **This must be completed.** It is the only way data from each county can be identified in the database, and is how we will be able to return data to you.
- **Date of Survey Administration:** This item is found in the "For Office Use Only" section. Please write in the correct day.

- **Reason for Non-Completion of Survey:** If a consumer/caregiver refuses or cannot complete the survey, please complete the “Reason” section, and send the form to R&E. The choices are “Refused” (Ref), “Impairment” (Imp), “Language not available” (Lan), and “Other Reason” (Oth). Receiving surveys that are not completed allow us to determine the rate of completion which is a reporting requirement.

Optional Survey Items:

- **Optional County Questions:** Please do not use these fields.
 - **County Reporting Unit:** County reporting unit number is required so that data can be associated with a particular program.
4. **Provide Survey Forms to Consumers/Caregivers:** Please provide the appropriate survey forms to all consumers/caregivers receiving services through your county/providers during the week of November 14 – November 18, 2016. Please ask respondents to use a black or dark blue pen – **NO PENCIL, please. All data should be collected November 14 – November 18, 2016.**
 5. **Complete Clinic Tracking Log:** All surveys must be entered on the Clinic Tracking Log. Enter Reporting Unit, CSI County Client Number (CCN), Type of Survey and Language for each survey. Send the excel file to R&E, and include a copy of the Clinic Tracking Log with surveys.
 6. **Package and Send Completed Forms to Research and Evaluation by 12:00 pm on Wednesday, November 23, 2016:** Once Survey forms are completed, please compile them into large envelopes or boxes and send to R&E. Please **DO NOT tri-fold surveys or put in individual envelopes**; they do not need to be packaged individually, as long as they are in a secure box. Forms received after the deadline cannot be processed.

County of San Bernardino
 Department of Behavioral Health
 303 East Vanderbilt Way,
 San Bernardino, CA 92415-0026
 Attn: Research & Evaluation – Consumer Perception Survey

Please contact R&E if you have any questions:

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R&E Email:
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